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**FACSIMILE TRANSMISSION COVER SHEET**

**Date:** November 3, 2004

**To:** United States Patent and Trademark Office  
Examiner: Tran, Thanh Y.; Art Unit: 2827

**Fax:** (703) 872-9306

**Re:** **Application Serial No.: 10/020,380**  
Filing Date: 10/30/2001; First Named Inventor: Hashemi, Hassan S.  
Attorney Docket No.: 01CON288PC

**From:** Farjami & Farjami LLP

**Number of pages including the cover sheet:** 22

**Message:**

Enclosed please find the Amendment and Response to the Non-Final Office Action dated July 23, 2004. Payment for the First Month Extension Fee in the amount of \$110.00 is hereby enclosed on Form PTO-2038.

Thank you.

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NOV 03 2004

Attorney Docket No.: 01CON288PC

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Hashemi, et al.SERIAL NO.: 10/020,380 FILED: October 30, 2001FOR: Multiple Chip Module with Integrated RF CapabilitiesHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$110.00
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

☒ TOTAL EXTENSION FEE \$ 110.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	29	MINUS **29	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 88	x 44	\$
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

11/05/2004 AWONDAF1 00000041 10020380

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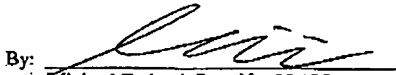
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Attorney Docket No.: 01CON288PC

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 11/3/04By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Date: 11/3/2004Signature: Name of Person Performing Facsimile Transmission: LESLEY L. Lam

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Attorney Docket No.: 01CON288PC

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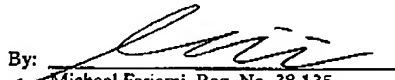
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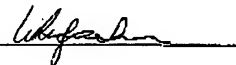
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